

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09146835		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		2					57				
8		/					58				
9		/					59				
10	/						60				
11	/						61				
12		/					62				
13		/					63				
14		/					64				
15		4					65				
16	/						66				
17		/					67				
18		/					68				
19		/					69				
20	/						70				
21	/						71				
22	/						72				
23	/						73				
24	/						74				
25	/						75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31		4					81				
32		4					82				
33		4					83				
34		4					84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	10	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	42	←		←		←	TOTAL DEP.		←		←
TOTAL CLAIMS	52						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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